

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049086

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 294

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)

Moberly

Length of stay in lb

54 years

c. FULL NAME OF (If NOT in hospital, give location)

210 Hinton St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Randolph

c. CITY

OR TOWN

210 Hinton St.

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Moberly

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Walter Slaughter

4. DATE

OF

DEATH 12/25/63

Month

Day

Year

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/15/88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. laborer

10b. KIND OF BUSINESS OR INDUSTRY

Mo. P & L Co.

11. BIRTHPLACE (City and state or country)

Rencik, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Slaughter

13b. MOTHER'S MAIDEN NAME

Sarah Gentry

14. NAME OF HUSBAND OR WIFE

Ada Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

271

17. INFORMANT

Ada Slaughter

Address

Moberly, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral arteriosclerosis.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐ YES ☒ NO

SUICIDE

☐ YES ☒ NO

HOMICIDE

☐ YES ☒ NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

Dec. 3/63

10:45 am

to Dec. 25/63

and last saw him alive on Dec. 25/63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. L. E. Hubert

(Degree or title)

M.D.

22b. ADDRESS

Moberly, Mo.

22c. DATE SIGNED

12/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/27/63

23c. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

23d. LOCATION (City, town, or county)

Moberly, Missouri

24. FUNERAL DIRECTOR

Million & Greer

ADDRESS

Moberly, Mo.

25. DATE RECD. BY LOCAL REG.

12/26/1963

26. REGISTRAR'S SIGNATURE

W. H. White

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

VS 300
Rev. 4/59

10887

2887

2887

3

4

5

6

7

8

9

10

11

12

13

90-0

30

3200910-481-8

JAN 2 1964
JAN 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William E. McMillan

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Issued 12-26-63